

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA**

CREDIT CARD AUTHORIZATION

PLEASE PRINT

Name of Law Firm/Attorney: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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hereby authorizes the United States Bankruptcy Court for the Northern District of Georgia to charge the following bank card number for payment of filing fees and other court related expenses for all documents filed through the Electronic Case Filing Pilot Program.

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This form will be securely maintained in the Clerk's Office and shall remain in effect until specifically revoked in writing. It is the responsibility of the law firm/attorney named herein to notify the Clerk's Office when the information on this form has expired or changed, or if the card has been canceled or revoked.

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Identification Code: _____ Date Issued: _____

Return to: United States Bankruptcy Court
Northern District of Georgia
1340 U. S. Courthouse
75 Spring Street, SW
Atlanta, GA 30303

Attn: Financial Section